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CONFIDENTIAL FACSIMILE TRANSMISSION

Faic: 571-273-8300. Our File Ref.: BLB-024566-V2 Your File Ref.: 10/665,330 REI: FINAL OFFICE ACTION (Including this cover sheet)			
☐ URGENT ☐ CONFIRMATION COPY FOLLOWS BY: ☒ NO COPY ☐ FIRST-CLASS U.S. MAIL FOLLOWS			
FOR YOUR INFORMATION OVERNIGHT MAIL INTERNATIONAL MAIL			
In response to the Office Action dated09/14/2006, please find the following checked items:			
Cover letter, 1 sheet(s);			
Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto,2_ sheet(s);			
Fee Transmittal, Form PTO/SB/17, 1 sheet(s);			
Response to Office Action (including attachments, if any),7_ sheet(s) total;			
Request for Continued Examination Transmittal, Form PTO/SB/30, and one (1) copy thereof attached thereto, 2 sheet(s);			
Notice of Appeal to the Board of Patent Appeals, Form PTO/SB/31, and one (1) copy thereof attached thereto, sheet(s);			
Other:			
Thank you. 111 5-688			
Certificate of Transmission Under 37 C.F.B. 1.8 The undersigned hereby sertifies that a true and accurate copy of the ligns checked above and balling transmitted to the feesimile number indicated above, on this the			
JANE A TOMLINSON			
This facsimile transmission may contain confidential and/or legally privileged information from the law department of International Paper Company which is intended only for the use of the individual(s) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of this facsimile transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by phoning (513) 248-			

PAGE 1/14 * RCVD AT 3/14/2007 3:07:14 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/12 * DNIS:2738300 * CSID:5132486680 * DURATION (mm-ss):06-12

6207 so that we can arrange for the return of the documents. Thank you.

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THOMAS W. BARNES, Ph.D PATENT AGENT INTELLECTUAL PROPERTY CINCINNATI TECHNOLOGY CENTER 6285 TRI-RIDGE BOULEVARD LOVELAND OH 45140

T 513.248.6736 F 513.248.6455 thomas.barnes@ipaper.com

	thomas.barnes@ipaper.com		
SENT		TO THE ADDRESS BELOW	
March 14, 2007			
Mail Stop Commissioner for Patents United States Patent and Trademark Office Post Office Box 1450 Alexandria, Virginia 22313-1450			
RE:	Applicant(s) : MOHAN, et al. Serial No. : 10/665,330 Filed on : SEPTEMBER 19	,2003 PAPERBOARD ARTICLES	
Dear Commissioner:			
Enclosed herewith for filing, Applicant(s) respectfully submit(s) the following checked items:			
X	Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto,2_ sheet(s);		
X	Fee Transmittal, Form PTO/SB/17, sheet(s);		
X	Response to Office Action (including attachments, if any),7 sheet(s) total;		
X	Request for Continued Examination Transmittal, Form PTO/SB/30, and one (1) copy thereof attached thereto,2_ sheet(s);		
	Notice of Appeal to the Board of Patent Appeals, Form PTO/SB/31, and one (1) copy thereof attached thereto, sheet(s);		
	Other:;		
	Postage-prepaid return-receipt postcard for your use in stamping to indicate receipt of the above-listed items.		
Please stamp the enclosed postcard, if checked, and return same to me to indicate your receipt of the above-listed items. Please feel free to contact me if you have any questions concerning the above or the enclosed.			
With kindest regards, Certification of Mailing or Transmission Under 37 C.F.R. 1.8 The undersigned hereby certifies that a true and accurate copy of the within "After Final Response to Office Action", together with all attachments referred-to herein being transmitted to the Honorable Commissioner for Patents, either by first-class mail, postage prepaid, addressed to Commissioner for Patents, Post Office Box 1450, Alexandria, Virginia 22313-1450, or by facsimile transmission to the facsin number indicated hereon, on this the 14th day of MARCH 20 of TWB/ lat			
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PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/665,330 **Application Number** TRANSMIT SEPTEMBER 19,2003 Filing Date For FY 2006 First Named Inventor MOHAN, et al. Examiner Name JOSE A. FORTUNA Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1731 TOTAL AMOUNT OF PAYMENT 790.00 BLB-024566-V2 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 09-0525 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ✓ Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 250 200 100 200 130 Design 100 100 50 65 Plant 200 100 300 150 160 80 Reissue 300 500 600 150 300 250 200 **Provisional** 100 n 0 O 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims <u>Total Claims</u> Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Pald (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee (\$) /50 = (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): REQUEST FOR CONTINUED EXAMINATION 790.00

SUBMITTED BY Registration No. 52,595 Telephone 513-248-6736 Signature ... 50555 (Attorney/Agent) Date MARCH 14, 2007 Name (Print/Type) THOMAS W. BARNES, III

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.